



CENTERVILLE SCHOOL DISTRICT 60-1



610 Lincoln St., Box 100
Centerville, South Dakota 57014
(605) 563-2291
Fax (605) 563-2615

March 30, 2001

DOCKET FILE COPY ORIGINAL

Federal Communications Commission
Office of the Secretary
445 - 12th Street, S.W.
Room TW-A325
Washington, DC 20554

RECEIVED

APR 9 2001

FCC MAIL ROOM

RE: CC Docket Nos. 96-45 and 97-21

To Whom It May Concern:

I am writing on behalf of the Centerville School District, located in Centerville, South Dakota to appeal a funding commitment Decision that appears to be erroneous. My appeal relates to the following:

Billed Entity Applicant name: Centerville School District 60-1
Funding Request Number: Not Assigned
Service Provider Identification Number: 143009956
Service Provider Name: Fort Randall Telephone Co.
Percent Discount: 60%
Funding Commitment Request: \$936.00
Form 471 Application Number: 199778
Contact Name: Doug Voss
Contact Phone Number: 605/563-2291
Contact Fax Number: 605/563-2615
Contact Email Address: dvoss@dtgnet.com

Billed Entity Applicant Name: Centerville School District 60-1
Funding Request Number: Not Assigned
Service Provider Identification Number: 143008756
Service Provider Name: Cellular One
Percent Discount: 60%
Funding Commitment Request: \$111.10
Form 471 Application Number: 199778
Contact Name: Doug Voss
Contact Phone Number: 605/563-2291
Contact Fax Number: 605/563-2615
Contact Email Address: dvoss@dtgnet.com

The reason given for the above denials is that Block 5, Item 11 Category of Service is blank. In support of this appeal I enclose the following:

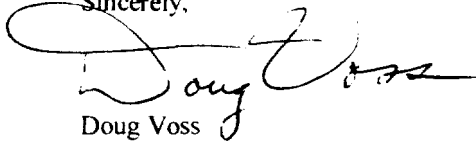
- Photocopy of the incorrect Form 471, Block 5's and corrected copies of the Form 471, Block 5's that had been previously mailed to SLD.
- Photocopy of Attachment 2 and Attachment 3 from the original Form 471. These attachments clearly state what those services are.
- Photocopy of the denial letter from SLD.

No. of Copies rec'd _____
List A B C D E _____

Page 2
Centerville School District
March 30, 2001

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Doug Voss". The signature is written in black ink and is positioned above the printed name and title.

Doug Voss
Superintendent



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2000-2001

March 19, 2001

Doug Voss
Centerville School District 60-1
610 Lincoln Street, Box 100
Centerville, SD 57014

RECEIVED
APR 9 2001
FCC MAIL ROOM

Re: Billed Entity Number: 134062
471 Application Number: 199778
Funding Request Number(s): 2 FRN's Not Assigned
Your Correspondence Dated: June 12th, 2000

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Three Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number: 2 FRN's Not Assigned
Decision on Appeal: Denied in full
Explanation:

- Your appeal requests that the SLD consider your request for funding.
- Your request did not meet the program's minimum processing standards because Items 11 (Category of Service) of Block 5 was left blank. This is a violation of the program's minimum processing standards. Therefore, we were unable to process your requests, and they were returned to you. Unfortunately, the SLD is unable to waive the minimum processing standards. Consequently, your requests will not be data entered and consider for funding, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12th

Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

**Schools and Libraries Universal Service
Services Ordered and Certification Form 471**

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)**RECEIVED**

APR 9 2001

FCC MAIL ROOM

Applicant's Form Identifier: CSD

(Create your own code to identify THIS Form 471)

Form 471 Application #:

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.) Centerville School District 60-1		
2	Funding Year: July 1, 2000 through June 30, 2001	3	Entity Number (up to 10 digits) 134062
4a	Street Address, P.O. Box, _____ or Route Number 610 Lincoln Street City Centerville State SD Zip Code 57014 - 0100		
b	Telephone Number (10 digits + ext.) (605) 563 - 2291 ext. _____		
c	Fax Number (10 digits) (605) 563 - 2615		
d	E-mail Address (50 characters max.) dvoss@dtgnet.com		
5	Type of Applicant <input checked="" type="checkbox"/> Individual School (individual public or non-public school) <input type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (including library system, library branch, or library consortium applying as a library) <input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia) <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.		
6a	Contact Person's Name Doug Voss		
First, fill in every item of the Contact Person's information below that is different from Item 4, above.			
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)			
b	<input type="checkbox"/>	Street Address, P.O. _____ Box, or Route Number _____ City _____ State _____ Zip Code _____	
c	<input checked="" type="checkbox"/>	Telephone Number (10 digits + ext.) (605) 563 - 2291 ext. _____	
d	<input type="checkbox"/>	Fax Number (10 digits) () -	
e	<input type="checkbox"/>	E-mail Address (50 characters max.) _____	
f	Holiday/vacation contact information (optional): 605-563-2194		

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:

Funding Request Number:

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Entity Number <u>134062</u> Contact Person <u>Doug Voss</u>	Applicant's Form Identifier <u>(CSD)</u> Phone Number <u>605-563-2291</u>
--	--

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served 305 b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES ...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	0	21
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	1	1
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	153	153
d	Dial-up Internet connections: How many before and after your order?	0	0
e	Dial-up Internet connections: Highest speed before and after your order?	0	0
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	37	41
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	0	0
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	100	106
k	Other technology outcomes: (please specify):	0	0

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

- ☒ If you are an individual school or a school district, use Worksheet A (page 3a)
- ☐ If you are a library (system and/or outlet), use Worksheet B (page 3b)
- ☐ If you are a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number 134062 Applicant's Form Identifier CSD
 Contact Person Doug Voss Phone Number 605-563-2291

Block 4: Discount Calculation Worksheet A for Individual Schools/School Districts

Worksheet #A- 1

Page 1

of 1

Instructions: Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

10a Check only one:

- ☒ Applying **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- ☐ Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- ☐ Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 - Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Centerville School District	134062	R	305	72	24%	60%	
District Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Discount Calculation Worksheet B For Libraries (Outlets and Systems)

Worksheet #B- _____

Page _____
of _____

Instructions: Libraries use this worksheet to calculate the discount rate(s) for their systems and outlets based on school district(s) in which they are located.

10a Check only one:

- ☐ Applying for discounts **ONLY** for one site (such as a library system that is all on one site) or **ONLY** for site-specific services:
Complete columns 1-5 only for each site. Attach and number additional pages as needed.
- ☐ Applying for discounts on services shared by **ALL** sites in library system (with or without site-specific services as well): Complete columns 1-5 PLUS 10c (below).
- ☐ Applying for discounts on different shared services that are shared by different groups of sites/outlets:
Please complete one worksheet, columns 1-5 PLUS 10c, for EACH group of sharing entities. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

1 Name of Library System (if all on one site) or Individual Library Outlets (if multiple sites)	2 Entity Number for each site listed in Column 1 (1-10 digits)	3 Urban or Rural U or R	4 Name of School District in which site in Column 1 is located	5 Weighted Average Discount for the School District in Column 4 (round to nearest %)
System Totals for calculating Shared Discount				

10c Shared Discount % (Col. 5 total divided by # of sites in Col. 1. Round to nearest %) →

Entity Number _____ Contact Person _____	Applicant's Form Identifier _____ Phone Number _____
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Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C-_____

Page _____
of _____

Instructions: Consortium applicants use this worksheet to calculate their discounts based on their eligible members' discounts.

Please provide Worksheets A and/or B for back-up documentation.

10a Check only one:

- ☐ Applying for discounts **ONLY** on site-specific services: Complete columns 1-4 only. Add and number pages as needed.
- ☐ Applying for discounts on services shared by **ALL** members (with or without site-specific services as well): Complete columns 1-4 PLUS 10c, below.
- ☐ Applying for discounts on different shared services shared by different groups of consortium members: Please complete one worksheet, columns 1-4 PLUS 10c, for each group of sharing entities. Designate this worksheet C-1, C-2, C-3, etc.

10b List entities and calculate discount(s).

1	2	3	4
ELIGIBLE MEMBER ENTITIES Name of each individual school, school district and/or library/library system in consortium	ENTITY NUMBER For each entity listed in Column 1	URBAN/RURAL U or R	ENTITY DISCOUNT Individual School: Discount from Worksheet A School District: Weighted average discount calculated in Worksheet A Library System: Discount calculated in Worksheet B
Totals for calculating Shared Discount			

10c Shared Discount %

(Col. 4 total divided by # of sites in Col. 1. Round to nearest %)



Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 1 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # Do be mWanad by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, if tariffed "MTM" to described instructions) <u>T</u>					
12 Form 470 Application Number (15 digits) <u>317180000256115</u>					16 Billing Account Number (e.g., billed telephone number) <u>6055632291</u>					
13 SPIN -Service Provider Identification Number (9 digits) <u>143005135</u>					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12/28/99</u>					
14 Service Provider Name <u>Dakota Telecommunications Group</u>					18 Contract Award Date (mm/dd/yyyy) <u>12/28/99</u>					
					19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1</u>					20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2001</u>					
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service <u>134062</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$120	0	\$120	12	\$1440				\$1440	60%	\$864

ATTACHMENT NUMBER 1

DAKOTA TELECOMMUNICATIONS GROUP-----LONG DISTANCE SERVICE

\$120 PER MONTH---TOTAL YEARLY CHARGE=\$1440

Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 2 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # 00 be mWanad by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (d available, if tariffed "MTM" to- described Instructions) MTM					
12 Form 470 Application Number (15 digits) 317180000256115					16 Billing Account Number (e.g., billed telephone number) 6055632291					
13 SPIN -Service Provider Identification Number (9 digits) 143009956					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12/28/99					
14 Service Provider Name Fort Randall Telephone Co.					18 Contract Award Date (mm/dd/yyyy) 12/28/99					
					19 Service Start Date (mm/dd/yyyy) 07/01/2000					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 2					20 Contract Expiration Date (mm/dd/yyyy) 06/30/2001					
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service 134062 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$130	0	\$130	12	\$1,560	0	0	0	\$1,560	60%	\$936

ATTACHMENT NUMBER 2

FORT RANDALL TELEPHONE COMPANY---BASIC PHONE SERVICE

\$130 PER MONTH---TOTAL YEARLY CHARGE=\$1560

Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 3 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # 00 be mWanæd by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, if tariffed "MTM" to- described Instructions) <u>MTM</u>					
12 Form 470 Application Number (15 digits) <u>317180000256115</u>					16 Billing Account Number (e.g., billed telephone number) <u>0001664491</u>					
13 SPIN -Service Provider Identification Number (9 digits) <u>143008756</u>					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12/28/99</u>					
14 Service Provider Name <u>Cellular One</u>					18 Contract Award Date (mm/dd/yyyy) <u>12/28/99</u>					
					19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>3</u>					20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2001</u>					
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service <u>134062</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$15.43	0	\$15.43	12	\$185.16				\$185.16	60%	\$111.10

ATTACHMENT NUMBER 3

CELLULAR ONE---BASIC PHONE SERVICE

\$15.43 PER MONTH---TOTAL YEARLY CHARGE=\$185.16

Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 4 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # 00 be mWanad by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, if tariffed "MTM" to described instructions) <u>4611760 MTM</u>					
12 Form 470 Application Number (15 digits) <u>317180000256115</u>					16 Billing Account Number (e.g., billed telephone number) <u>6055632291</u>					
13 SPIN -Service Provider Identification Number (9 digits) <u>143002229</u>					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12/28/99</u>					
14 Service Provider Name <u>Dakota Telecommunications Group</u>					18 Contract Award Date (mm/dd/yyyy) <u>12/28/99</u>					
					19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>					
20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2001</u>										
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>4</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service <u>134062</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$1,758	0	\$1,758	12	\$21,096				\$21,096	60%	\$12,657.60

ATTACHMENT NUMBER 4

DAKOTA TELECOMMUNICATIONS GROUP--LONG DISTANCE LEARNING
SERVICE/INTERACTIVE VIDEO
DATA LINKS

\$1758 PER MONTH--TOTAL YEARLY CHARGE=\$21,096

Block 6: Certifications and Signature

24 The applicant is eligible for support because it includes: (Check one or both.)

- ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The schools and libraries I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:

- ☒ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☐ no technology plan needed-, applying for basic local and long distance telephone service only

South Dakota State Dept.
of Ed. & Cultural Affairs

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- ☒ technology plan(s) has/have been approved.
- b ☐ technology plan(s) will be approved by a state or other authorized body.
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

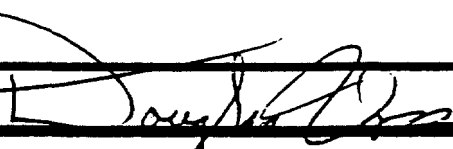
30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature



35 Date 1/14/2000

36 Printed name of authorized person Doug Voss

37 Title or position of authorized person Superintendent

38 Telephone number of authorized person: (605) 563 2291 , ext.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Entity Number	134062	Applicant's Form Identifier	CSD
Contact Person	Doug Voss	Phone Number	605-563-2291

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence Kansas 66046
(888) 203-8100**

RECEIVED

Schools and Libraries Universal Service Services Ordered and Certification Form 471

APR 9 2001

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimated the monthly charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier: CSD

(Create your own code to identify THIS Form 471)

Form 471 Application #:

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity (30 characters max.) Centerville School District 60-1

2 Funding Year: July 1, 2000 through June 30, 2001

3 Entity Number (up to 10 digits) 134062

4a Street Address, P.O. Box,

or Route Number

610 Lincoln Street

City Centerville

State SD

Zip Code

57014 - 0100

b Telephone Number (10 digits + ext.)

(605) 563 - 2291 ext.

c Fax Number (10 digits)

(605) 563 - 2615

d E-mail Address (50 characters max.) dvoss@dtgnet.com

5 Type of Applicant



Individual School (individual public or non-public school)



School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)



Library (including library system, library branch, or library consortium applying as a library)



Consortium (intermediate service agencies, states, state networks, special consortia)

☐ Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name Doug Voss

First, fill in every item of the Contact Person's information below that is different from Item 4, above.

Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b ☐ Street Address, P.O.

Box, or Route Number

City

State

Zip Code

c ☒ Telephone Number (10 digits + ext.)

(605) 563 - 2291 ext.

d ☐ Fax Number (10 digits)

() -

e ☐ E-mail Address (50 characters max.)

f Holiday/vacation contact information (optional): 605-563-2194

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:

Funding Request Number:

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Entity Number 134062
Contact Person Doug Voss

Applicant's Form Identifier CSD
Phone Number 605-563-2291

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served 305 b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES ...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	0	21
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	1	1
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	153	153
d	Dial-up Internet connections: How many before and after your order?	0	0
e	Dial-up Internet connections: Highest speed before and after your order?	0	0
f	Direct connections to the Internet: How many before and after your order?	1	1
g	Direct connections to the Internet: Highest speed before and after your order?	T1	T1
h	Internet access (for schools): How many rooms have Internet access before and after your order?	37	41
i	Internet access (for libraries): How many buildings have Internet access before and after your order?	0	0
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	100	106
k	Other technology outcomes: (please specify):	0	0

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

- ☒ If you are an individual school or a school district, use Worksheet A (page 3a)
- ☐ If you are a library (system and/or outlet), use Worksheet B (page 3b)
- ☐ If you are a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number 134062 Applicant's Form Identifier CSD
 Contact Person Doug Voss Phone Number 605-563-2291

Block 4: Discount Calculation Worksheet A for Individual Schools/School Districts

Worksheet #A- 1

Page 1
of 1

Instructions: Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

10a Check only one:

- ☒ Applying **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- ☐ Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- ☐ Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 - Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Centerville School District	134062	R	305	72	24%	60%	
District Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

Entity Number _____ Applicant's Form Identifier _____
 Contact Person _____ Phone Number _____

Block 4: Discount Calculation Worksheet B For Libraries (Outlets and Systems)

Worksheet #B- _____

Page _____
 of _____

Instructions: Libraries use this worksheet to calculate the discount rate(s) for their systems and outlets based on school district(s) in which they are located.

10a Check only one:

- ☐ Applying for discounts **ONLY** for one site (such as a library system that is all on one site) or **ONLY** for site-specific services: Complete columns 1-5 only for each site. Attach and number additional pages as needed.
- ☐ Applying for discounts on services shared by **ALL** sites in library system (with or without site-specific services as well): Complete columns 1-5 PLUS 10c (below).
- ☐ Applying for discounts on different shared services that are shared by different groups of sites/outlets: Please complete one worksheet, columns 1-5 PLUS 10c, for EACH group of sharing entities. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

1	2	3	4	5
Name of Library System (if all on one site) or Individual Library Outlets (if multiple sites)	Entity Number for each site listed in Column 1 (1-10 digits)	Urban or Rural U or R	Name of School District in which site in Column 1 is located	Weighted Average Discount for the School District in Column 4 (round to nearest %)
System Totals for calculating Shared Discount				

10c Shared Discount % (Col. 5 total divided by # of sites in Col. 1. Round to nearest %) →

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C- _____

Page _____
of _____

Instructions: Consortium applicants use this worksheet to calculate their discounts based on their eligible members' discounts.

Please provide Worksheets A and/or B for back-up documentation.

10a Check only one:

- ☐ Applying for discounts **ONLY** on site-specific services: Complete columns 1-4 only. Add and number pages as needed.
- ☐ Applying for discounts on services shared by **ALL** members (with or without site-specific services as well): Complete columns 1-4 PLUS 10c, below.
- ☐ Applying for discounts on different shared services shared by different groups of consortium members:
Please complete one worksheet, columns 1-4 PLUS 10c, for each group of sharing entities. Designate this worksheet C-1, C-2, C-3, etc.

10b List entities and calculate discount(s).

1	2	3	4
ELIGIBLE MEMBER ENTITIES Name of each individual school, school district and/or library/library system in consortium	ENTITY NUMBER For each entity listed in Column 1	URBAN/RURAL U or R	ENTITY DISCOUNT Individual School: Discount from Worksheet A School District: Weighted average discount calculated in Worksheet A Library System: Discount calculated in Worksheet B
Totals for calculating Shared Discount			

10c Shared Discount %

(Col. 4 total divided by # of sites in Col. 1. Round to nearest %)



Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 1 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # Do be mWanæd by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, if tariffed "MTM" to- described instructions) <u>T</u>					
12 Form 470 Application Number (15 digits) <u>317180000256115</u>					16 Billing Account Number (e.g., billed telephone number) <u>6055632291</u>					
13 SPIN -Service Provider Identification Number (9 digits) <u>143005135</u>					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12/28/99</u>					
14 Service Provider Name <u>Dakota Telecommunications Group</u>					18 Contract Award Date (mm/dd/yyyy) <u>12/28/99</u>					
					19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>					
20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2001</u>										
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>1</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service <u>134062</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$120	0	\$120	12	\$1440				\$1440	60%	\$864

ATTACHMENT NUMBER 1

DAKOTA TELECOMMUNICATIONS GROUP----LONG DISTANCE SERVICE

\$120 PER MONTH---TOTAL YEARLY CHARGE=\$1440

Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 2 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # Do be mWanad by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> Internal Connections					15 Contract Number (if available, if tariffed "MTM" to- described Instructions) <u>MTM</u>					
12 Form 470 Application Number (15 digits) <u>317180000256115</u>					16 Billing Account Number (e.g., billed telephone number) <u>6055632291</u>					
13 SPIN -Service Provider Identification Number (9 digits) <u>143009956</u>					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>12/28/99</u>					
14 Service Provider Name <u>Fort Randall Telephone Co.</u>					18 Contract Award Date (mm/dd/yyyy) <u>12/28/99</u>					
					19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>					
20 Contract Expiration Date (mm/dd/yyyy) <u>06/30/2001</u>										
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>2</u>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service <u>134062</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$130	0	\$130	12	\$1,560	0	0	0	\$1,560	60%	\$936

ATTACHMENT NUMBER 2

FORT RANDALL TELEPHONE COMPANY---BASIC PHONE SERVICE

\$130 PER MONTH---TOTAL YEARLY CHARGE=\$1560

Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 3 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # 00 be mWanad by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> internal Connections					15 Contract Number (if available, if tariffed "MTM" to- described instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 0001664491					
12 Form 470 Application Number (15 digits) 317180000256115					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12/28/99					
13 SPIN -Service Provider Identification Number (9 digits) 143008756					18 Contract Award Date (mm/dd/yyyy) 12/28/99					
					19 Service Start Date (mm/dd/yyyy) 07/01/2000					
14 Service Provider Name Cellular One					20 Contract Expiration Date (mm/dd/yyyy) 06/30/2001					
21 Description of This Service:					You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 3					
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service 134062 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):					
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$15.43	0	\$15.43	12	\$185.16				\$185.16	60%	\$111.10

ATTACHMENT NUMBER 3

CELLULAR ONE---BASIC PHONE SERVICE

\$15.43 PER MONTH---TOTAL YEARLY CHARGE=\$185.16

Entity Number 134062
Contact Person Doug Voss

Applicants Form Identifier CSD
Phone Number 605-563-2291

Block 5: Discount Funding Request(s)

Block 6, page 4 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # 00 be mWanæd by ".1#10812*W)

11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access <input type="checkbox"/> internal Connections					15 Contract Number (if available, if tariffed "MTM" to described instructions) 4611760 MTM					
12 Form 470 Application Number (15 digits) 317180000256115					16 Billing Account Number (e.g., billed telephone number) 6055632291					
13 SPIN -Service Provider Identification Number (9 digits) 143002229					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 12/28/99					
14 Service Provider Name Dakota Telecommunications Group					18 Contract Award Date (mm/dd/yyyy) 12/28/99					
					19 Service Start Date (mm/dd/yyyy) 07/01/2000					
20 Contract Expiration Date (mm/dd/yyyy) 06/30/2001										
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 4										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service 134062 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$1,758	0	\$1,758	12	\$21,096				\$21,096	60%	\$12,657.60

ATTACHMENT NUMBER 4

DAKOTA TELECOMMUNICATIONS GROUP--LONG DISTANCE LEARNING
SERVICE/INTERACTIVE VIDEO
DATA LINKS

\$1758 PER MONTH--TOTAL YEARLY CHARGE=\$21,096

Block 6: Certifications and Signature

24 The applicant is eligible for support because it includes: (Check one or both.)

- ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25 The schools and libraries I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:

- ☒ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☐ no technology plan needed-, applying for basic local and long distance telephone service only

South Dakota State Dept.
 of Ed. & Cultural Affairs

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- ☒ technology plan(s) has/have been approved.
- b ☐ technology plan(s) will be approved by a state or other authorized body.
- c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.

33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature



35 Date 1/14/2000

36 Printed name of authorized person Doug Voss

37 Title or position of authorized person Superintendent

38 Telephone number of authorized person: (605) 563 2291 , ext.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Entity Number	134062	Applicant's Form Identifier	CSD
Contact Person	Doug Voss	Phone Number	605-563-2291

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If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence Kansas 66046
(888) 203-8100**